

28
9-26-00
78
10-2-00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/14/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/13/00</i>
FORMALITY REVIEW	<i>AR</i>	<i>829</i>	<i>07/15/00</i>
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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